



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

DOWNTOWN PERFORMANCE MEDICAL CENTER  
3033 FANNIN STREET  
HOUSTON TX 77004

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

DALLAS NATIONAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 20

#### **MFDR Tracking Number**

M4-09-A879-02

#### **MFDR Date Received**

July 28, 2009

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "This DOS was denied due to extent of injury. The compensability and extent of this injury have already been determined and the services were rendered to the compensable injury. Also, all other DOS prior to the disputed DOS have been sufficiently reimbursed."

**Amount in Dispute:** \$4000.00 per Table of Disputed Services\*

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Dallas National has contacted [requestor] with Downtown Performance Medical Center and has indicated that we will process this bill for payment. [requestor] has indicated that once payment has been received that they will contact the DWC."

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 7, 2008	99214 99080-73	\$126.61 \$ 15.00	\$126.61 \$ 15.00
TOTAL DUE			\$141.61

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

\*The requestor's Table of Disputed Services lists \$4000.00 in dispute; however, the correct total for the disputed services equals \$141.61.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.305 relates to MDR – General.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers'

compensation professional services on or after March 1, 2008.

4. 28 Texas Administrative Code §129.5 sets out the guidelines and reimbursement for work status reports.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - Extent of injury. Not finally adjudicated.
  - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. Based on extent of injury.

### **Issues**

1. Is the disputed service eligible for medical fee dispute resolution per 28 Texas Administrative Code §133.305 and §133.307?
2. Is the requestor entitled to reimbursement according to 28 Texas Administrative Code §134.203 and §129.5?

### **Findings**

1. A Benefit Dispute Agreement (DWC-24) was signed on February 13, 2009 to resolve that the compensable injury of April 25, 2008 does extend to include a lumbar strain, scalp contusion, left shoulder strain, right foot sprain, left knee sprain, and partial ACL tear of the left knee, and meniscus tear of the left knee. The parties agree the injury does not extend to and include lumbar radiculitis, left shoulder IDS, right ankle IDS, osteoarthritis, chondromalacia, and left knee IDS. Therefore, the extent of injury issues have resolved and the disputed services will be reviewed in accordance with applicable Division rules and fee guidelines.
  - The medical bills and documentation submitted by the requestor in this dispute were reviewed. The requestor billed diagnosis codes 724.4 – thoracic/lumbosacral neuritis/radiculitis unspecified; 717.0 – old bucket handle tear of medial meniscus; 718.91 – unspecified derangement shoulder region; and 718.97 – unspecified ankle and foot joint derangement. The Division concludes that the documentation sufficiently supports that the evaluation rendered was for the compensable injury.
2. The requestor is entitled to reimbursement as follows:
  - CPT code 99214: WC CF \$52.83 ÷ Medicare CF \$38.087 x participating amount \$91.28 = \$126.61
  - CPT code 99080-73: The Work Status Report was submitted for the disputed date of service according to 28 Texas Administrative Code §129.5. Recommend reimbursement of \$15.00.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$141.61.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$141.61 reimbursement for the disputed services. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$141.61 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
July , 2012  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**